

Minneapolis Firefighters' Relief Association v. Medtronic, Inc.

GUIDE FOR ELECTRONIC CLAIM FILERS



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1. Overview

Rust Consulting has standardized a format for the electronic submission of claims in securities settlements by institutions filing on behalf of multiple clients or proprietary accounts. Electronic Claim Filing is intended for institutions, brokers and nominees only. This is not used for individual claimants. All Electronic Submissions must follow the Filing Requirements outlined in sections 3 and 4 of these instructions.

2. Security and Integrity

Security of systems and applications and confidentiality of data is of utmost importance to Rust. Rust maintains a unified compliance posture including:

- A system Certification & Accreditation under the Federal Information Security Management Act (FISMA and NIST);
- An annual SSAE 16 (formerly SAS 70) Type II audit of our data and system controls and protocols;
- Compliance with and adherence to Safe Harbor Principles; and
- Compliance with Gramm-Leach-Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act (HIPAA).

3. Filing Requirements for the Proof of Claim and Release Form

In addition to the instructions contained in the Notice and Proof of Claim and Release Form, you must comply with ALL of the following or YOUR FILE WILL BE REJECTED.

1. Proof of Claim and Release Form

Each filing entity must include one (1) completed Proof of Claim and Release Form per submission. This Proof of Claim and Release Form will serve as the master for all of the accounts included in your filing. The Proof of Claim and Release Form should include the name, address, telephone number and email address of the filing entity and be signed by an authorized signatory and must state the capacity of the person signing.

2. Authorization Documentation

Each submission must include documentation showing authority to file on behalf of the clients included in the submission.

3. Data Verification Document

Each submission must include a notarized affidavit or a signed letter on company letterhead stating the source of the data (e.g., proprietary database) and attesting to the truth and accuracy of the transactions and holdings that were submitted in the file. Please note additional documentation may be requested to verify the information included in your data file, failure to provide the requested documentation may result in the rejection of your submission in this settlement and/or the option of filing your claims electronically in future settlements administered by Rust Consulting.

4. Data

Data must be submitted as an Excel spreadsheet or a fixed-length text file and include all of the fields, column headings and should also be in the same order and format as listed in Appendix B. Additional information regarding the data requirements is listed in Appendix C.

5. Control Form

Each submission must include a completed control form attached as Appendix A. Please complete all fields included in the control form including the Filing Entity Name, Filing Entity Type, Contact Information, Payment Instructions, Type of File (i.e. New File, Replacement File and Deficiency Response), File Total Number of Beneficial Owners and Total Number of Transactions.

6. Submission Method

Electronic Claims must be submitted via one of the methods listed below. If your claim is not filed as described below it may not be received and processed properly. DO NOT SUBMIT YOUR CLAIM TO INDIVIDUAL EMPLOYEES OF RUST CONSULTING.

- Rust Consulting eData Vault: <https://edatavault.rustconsulting.com>
- By US Mail to: *Minneapolis Firefighters' Relief Association v. Medtronic, Inc.*, Attn: Electronic Claim Dept., c/o Rust Consulting, Inc., P.O. Box 2798, Faribault, MN 55021 – 9798
- By Courier to: *Minneapolis Firefighters' Relief Association v. Medtronic, Inc.*, Attn: Electronic Claim Dept., c/o Rust Consulting, Inc., 201 S Lyndale Ave, Faribault, MN 55021

4. Additional Requirements

- **BALANCING:** All claims must balance. The number of shares of Medtronic common stock held as of the opening of trading on November 20, 2006 plus the number of shares of Medtronic common stock purchased or otherwise acquired from November 20, 2006 through the close of trading of February 13, 2009 must equal the number of shares of Medtronic common stock sold or otherwise disposed of from November 20, 2006 through the close of trading on February 13, 2009 plus the number of shares of Medtronic common stock held at the close of trading on February 13, 2009.
- **TRANSFERS:** Securities received in or delivered out of an account should be included in your submission for balancing purposes only (**Lending shares, journal entries and/or bookkeeping transactions should not be included in your file**). Securities received in or delivered out are not eligible for the calculation of your claim unless you have additional information pertaining to the original purchase(s) or disposition(s) of those securities. For securities received, the calculation of these securities will be computed only when original purchase information has been provided, and will be calculated using the trade date and price of the original purchase(s), and not the date or value of the security at the time of transfer. Transfers must clearly be identified in your filing by listing the transaction type as "R" for receipts or "D" for deliveries. If you have information regarding the original purchase(s) or dispositions of transferred shares, you must combine your claim to show the holdings and/or purchase(s) and sale(s) of the shares that were transferred rather than the receipt or delivery.
- **ELECTRONIC CLAIM TRANSACTION LISTING REPORT:** The Claims Administrator will acknowledge receipt of your Proof of Claim and Release Form by mail, within 60 days. Upon the completion of processing your file, Rust will provide you with an Electronic Claim Transaction Listing report ("DSK10 report") which will list all of your claims along with any deficiencies or ineligibilities that have been identified. If you do not receive this report or if the report that you receive is missing information, you must contact Rust immediately. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues a DSK10 report listing all transactions contained in the electronic file.
- **ADDITIONAL DOCUMENTATION:** Rust Consulting may request that you provide external documentation such as trade confirmations/monthly statements to verify your claim information, even if you submitted a letter or affidavit attesting to the truth and accuracy of the information provided. If you do not provide the documentation to support your trades or holdings as requested by the date specified, your claim(s) will be rejected. Documentation provided from the same system from which your trade data originated is NOT acceptable documentation.
- Rust Consulting reserves the right to reject your electronic filing and require that you submit your claim in hardcopy with complete documentation.

If you have any additional questions or need assistance regarding this settlement, please contact us via email at info@MDTsecuritieslitigationsettlement.com or by phone at 1-866-590-8527.

APPENDIX A Control Chart

Minneapolis Firefighters' Relief Association v. Medtronic, Inc. (3488)

Electronic Claim Filers - Please print, complete, and return this form along with: (1) a completed Proof of Claim and Release Form as your "Umbrella Claim" for this filing, (2) a Letter of Authorization for you to file on behalf of the beneficial owner(s) included in your data file (if other than yourself), (3) a statement that discloses the source of the data you are submitting, and (4) your data file(s). If you are submitting files via the eData Vault, please complete this form and upload a PDF copy of it when you upload your data file.

Filer and Payment Information

Filing Entity Name:			
Filing Entity Type:	<input type="checkbox"/> Broker/Bank/Nominee <input type="checkbox"/> Filing Service <input type="checkbox"/> Attorney <input type="checkbox"/> Other: _____		
Filing Entity Contact: Person able to resolve questions regarding this filing	Contact Name: _____		
	Street Address: _____ <i>(not a PO Box – must be a street address)</i>		
	City: _____		
	State/Province: _____		Postal/Zip Code: _____
	Country: _____		
	Phone Number: _____ Email Address: _____		
Payment Address: Indicate where payments should be sent	<input type="checkbox"/> Use addresses provided in the attached data file <input type="checkbox"/> Same address as above <input type="checkbox"/> Wire Transfer - ONE payment to the above named Filing Entity (please attach transfer instructions)		
Beneficial Owner: Who you are filing for?	Are you filing for any foreign-owned accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are any from the European Union (EU)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are these proprietary accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Various Beneficial Owners or _____ <div style="text-align: right; font-size: small;"><i>(Single Beneficial Owner Name)</i></div>		

Data File Information

Total Number of Distinct Account #'s:		Total Number of Transactions:	
Data File Name(s):			
Replacement Data: Does this data replace a previous filing? If yes, please indicate the reference number of the previous filing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reference number of previous filing: (if applicable)	

Additional Documents

Additional Paper Claims: Are you submitting 'Paper' claims for accounts that are not included on your data file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	W8 Documents: Are you including any W8 tax documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature:		Date:	
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APPENDIX B

ELECTRONIC FILE TEMPLATE

Column	Element/Attribute	Description	Format
A	Beneficial Owner Name	Name of the beneficial owner. Prints on letters and/or checks. If IRA and you want the check made out to IRA, use the following format: JONES IRA	Char 50
B	Joint Beneficial Owner Name	Name of the joint or co-beneficial owner or additional space to continue identification. Prints on letters and/or checks.	Char 50
C	Responsible Party Name	Representative Name, if applicable (e.g. executor, custodian, trustee, administrator, nominee, etc.). Identifies a person to contact if submitter was an entity. Used for correspondence, but not included on the check instrument.	Char 50
D	Proprietary Account	Enter "Y" if the account is proprietary in nature (the entity has the right to ALL profits and assumes ALL liabilities – it is that entity which is adversely or positively impacted by losses or gains for the account).	Valid Value: Y = Proprietary Account
E	Addr1	The address line 1 field is used in the mail address block for checks and/or letters.	Char 50
F	Addr2	The address line 2 field is used in the mail address block for checks and/or letters.	Char 50
G	City	The city field is used in the mail address block for checks and/or letters. (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES)	Char 30
H	State	The state field is used in the mail address block for checks and/or letters. (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES)	Char 2
I	Zip5	Zip5 (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES)	Char 5
J	Zip4	Zip4 (DO NOT USE THIS FIELD FOR FOREIGN ADDRESSES)	Char 4
K	Country	The country field is for foreign addresses and is used in the mail address block for checks and/or letters. (DO NOT USE FOR DOMESTIC ADDRESSES, i.e. U.S.A., Puerto Rico, Virgin Islands, or APO)	Char 25
L	Account Number	Required – Account number	Char 20
M	Taxpayer Id #	Taxpayer Social Security Number or Employer Identification Number	Char 11
N	Taxpayer ID type	Social Security Number or Employer Identification Number	Valid Values: E = EIN, S = SSN
O	Foreign Entity Flag	If the Beneficial Owner is a foreign entity, populate this field with "Y". Otherwise use "N"	Char 1
P	Type of Security	Indicate the type of Security that is being reported.	Valid Values: S = Stock
Q	CUSIP (Security Code)	Required – Identifies the security for this transaction. Must be a valid CUSIP, ISIN or SEDOL	Refer to case specific tables in Appendix C.

APPENDIX B

ELECTRONIC FILE TEMPLATE

Column	Element/Attribute	Description	Format
R	Transaction Type	The actions taken by the owner or entity during the Class Period, or holdings before and/or after the Class Period	Refer to case specific tables in Appendix C.
S	Trade Date	The actions taken by the owner or entity during the Class Period, or holdings before and/or after the Class Period	Refer to case specific tables in Appendix C.
T	Quantity	Number of Shares for Stock	Decimal (19,4)
U	Price	The share price for the purchase/sale of stock. Shares purchased as a result of the exercise or assignment of an option MUST be reported at the executed strike price and MUST NOT include the cost of the option or any fees as a component of their price.	Decimal (19,4)
V	Net Amount	Total Amount Paid for Purchases (excluding commissions, taxes and fees); Total Amount Received for Sales (excluding commissions, taxes and fees); leave blank for all others.	Decimal (19,4)
W	Result of Option (for common stock only)	Was this transaction the result of the exercise or assignment of an option, and therefore the price per share might be out of range for this trade date? If yes, populate this column with 'Y'; otherwise 'N'.	Valid Values: Y = Yes, N = No
X	Short Sale	Is this transaction a sale to open a short position? (Ignore for option contracts)	Valid Values: Y = Yes, N = No
Y	Purchase to Cover Short Sale	Is this transaction a purchase to cover a short position? (Ignore for option contracts)	Valid Values: Y = Yes, N = No

APPENDIX C CASE SPECIFIC TABLES

Transaction Type Table:

Stock

TranType	Definition	Transactions per cusip	Acceptable Values In Quantity Column	Valid Date Range
B	Number of shares held as of the opening of trading	One	The B is positive for long positions and negative for short positions as of close of trading on this date	11/20/2006
P	Purchases and/or acquisitions during the Class Period and through the "lookback" period	Multiple	Absolute Values Only	11/20/06 to 02/13/09, inclusive
R	Transfer into this account during the Class Period and through the "lookback" period	Multiple	Absolute Values Only	11/20/06 to 02/13/09, inclusive
S	Sales during the Class Period and through the "lookback" period.	Multiple	Absolute Values Only	11/20/06 to 02/13/09, inclusive
D	Transfer out to another account during the Class Period and through the "lookback" period	Multiple	Absolute Values Only	11/20/06 to 02/13/09, inclusive
U	Unsold shares held as of the close of trading	One	The U is positive for long positions and negative for short positions as of close of trading on this date	02/13/09

CUSIP Table:

CUSIP	ISIN	SEDOL	Definition	Ticker symbol (if applicable)	Comments
585055106	US5850551061	2575465	Common Stock	MDT	